



Bib Data Sheet

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/378,233	FILING DATE 08/19/1999 RULE -	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 2068.001	
APPLICANTS WILLIAM RANDALL PALMER, CAMERON PARK, CA ; STEPHEN LYNN PALMER, CAMERON PARK, CA ;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/097,421 08/20/1998 <i>OK-SAD</i>					
** FOREIGN APPLICATIONS ***** <i>None - SAD</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/09/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>S. Duermoy</i> Allowance Examiner's Signature <i>SAD</i> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
ADDRESS 21917					
TITLE INTERACTIVE FOODSTUFF HOLDING DEVICE					
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		

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SERIAL NUMBER 09/378,233	FILING DATE 08/19/99	CLASS 446	GROUP ART UNIT 3712	ATTORNEY DOCKET NO. 2068.001
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APPLICANT

WILLIAM RANDALL PALMER, CAMERON PARK, CA; STEPHEN LYNN PALMER,
CAMERON PARK, CA.

CONTINUING DOMESTIC DATA***

VERIFIED

Self - None
OK

Prov. Appl.

60/097,421

8/20/98

371 (NAT'L STAGE) DATA***

VERIFIED

None - Self

FOREIGN APPLICATIONS***

VERIFIED

None - Self

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/09/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 24	INDEPT CLAIM 1
Verified and Acknowledged	<u>Self</u> Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 021917

ADDRESS

INTERACTIVE FOODSTUFF HOLDING DEVICE

TITLE

FILING FEE
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\$380

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
☐ 1.16 Fees (Filing)
☐ 1.17 Fees (Processing Ext. of time)
☐ 1.18 Fees (Issue)
☐ Other _____
☐ Credit